

GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

**FIREFIGHTER**

**COMPLIANCE REQUEST FORM**

**Note:** This form shall be used for firefighters transferring from one fire department to another or being rehired with the same department within one year and currently holding Georgia State Firefighter Certification.

**APPLICANT INFORMATION**  
COMPLETED BY APPLICANT

1. \_\_\_\_\_ 2. \_\_\_\_\_  
First Name Mi Last Name SSN
3. \_\_\_\_\_ Career\_\_ Volunteer\_\_ Part-time\_\_ 4. \_\_\_\_\_  
Current Employing Fire Department Employment/Appt.Date
5. \_\_\_\_\_ Career\_\_ Volunteer\_\_ Part-time\_\_ 6. \_\_\_\_\_  
Terminating/Previous Department Date Resigned/Terminated
7. Print your State Firefighter Certification number \_\_\_\_\_
8. Print your State Firefighter Certification date \_\_\_\_\_

O.C.G.A. – 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge. Additionally, I attest that I have verified this individual has met state hiring/certification requirements.

_____ Print Name of Chief/Designee	_____ Print Applicant Name
_____ Signature of Chief/Designee	_____ Signature of Applicant